

Prenatal Care in South Dakota 2005

Results of the prenatal provider survey show that respondents felt strongly that there were three primary reasons why women did not receive prenatal care during their first trimester (See reasons listed on opposite page.) In comparison, the 2003 Perinatal Risk Assessment Report states the two most common reasons given by the women responding to that survey were:

1. the women did not know they were pregnant
2. their doctor would not see them until they were 12 weeks pregnant.

The 2010 Initiative and Strategic Plan provides a blueprint for future activities of the department.

Factors from the perspective of health care providers include:

- Women's perception of the importance of prenatal care
- Transportation issues
- Lack of resources

Factors from a public health perspective include:

- Reduction in health disparities
- Access to obstetrical care
- Early identification and management of risk factors
- Lifestyle behavioral risk reduction
- Referral to other needed services

The Department of Health's progress on the 2010 Initiative can be monitored from the link on its website <http://www.state.sd.us>

Guiding Principles

Encourage Use of Technology
Emphasize Customer Service
Reduce Health Disparities
Work in Partnership

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Healthy People 2010

Increase maternal prenatal care
beginning in the first trimester of
pregnancy to 90 %



Maternal & Child Health Performance Measure

Percent of infants born to pregnant women receiving prenatal
care beginning in the first trimester.

In 2003, 78.3% of infants born in South Dakota were born to women who received prenatal care in the first trimester, well below the Healthy People 2010 objective of 90%. From 1999 through 2003 there has been a decline in the number of women who began prenatal care in the first trimester from 83.3 percent to 78.3 percent. In addition, the 2003 Perinatal Health Risk Assessment Report indicated that 17.4 percent of women did not get prenatal care as early as they wanted.

To collect input on the provider's perspective as to why women were not obtaining prenatal care in the first trimester, the South Dakota Department of Health designed and conducted the "Prenatal Care in South Dakota" survey. In November 2004, 976 obstetricians, family practice physicians and mid-level practitioners were asked to complete and return a survey. The response rate was 53 percent, with a total of 519 surveys returned. Of those responding, 186 (36%) provide prenatal care.

Survey Results

Types of Providers

Family Practice Physicians	119
Obstetricians	27
Physician Assistants	19
Family Nurse Practitioners	12
Certified Nurse Midwives	8
Other	1

Length of Practice

10 years or less	49%
11-20 years	32%

The vast majority (81 percent) of respondents have been in practice for 20 years or less.



Number of OB Patients Seen in a Year

50 or less patients: 70% of providers	151-250 patients: 4% of providers
51-150 patients: 19% of providers	251-500 patients: 3% of providers
No Response: 4%	

Almost 90% of prenatal providers see 150 or less OB patients in a year.

Acceptance of Medicaid-Eligible Patients

Ninety percent of respondents accept new Medicaid patients. Five percent of those providers place a monthly cap on the number of new Medicaid patients accepted.

Preferred Gestational Age for First Prenatal Visit

6 weeks or less: 8% of providers	11-12 weeks: 23% of providers
7 - 8 weeks: 26% of providers	13 weeks or more: 2% of providers
9 - 10 weeks: 35% of providers	No response: 6%

Ninety-two percent of respondents preferred to see patients for the first prenatal visit during the first trimester of the pregnancy.

Percentage of OB Patients Seen in the First Trimester

Overall, 88% of providers said that 50% or more of their patients are seen in the first trimester of pregnancy.

** Only 43% of responding providers meet the Healthy People 2010 goal of 90% of their patients beginning prenatal care in the first trimester

Reasons Providers Think Women Do Not Receive Prenatal Care in the First Trimester

Reason #1: Women's perception of the importance of early prenatal care
Reason #2: Women were not aware of the pregnancy
Reason #3: Women were waiting to qualify for Medicaid

Themes emphasized from the more than 50 comments received from providers:

- ✓ Lack of perception of the importance of early prenatal care
- ✓ Cultural norms of certain ethnic groups
- ✓ Reluctance to inform others of the pregnancy
- ✓ Indecision regarding how to handle the pregnancy
- ✓ Lack of resources
- ✓ Significant distance from prenatal care providers

American College of Obstetricians and Gynecologists (ACOG) Recommendations

The survey asked prenatal care providers what percentage of their patients meet the ACOG recommendation of 13 prenatal visits for a full term pregnancy (adjusting for gestational age).

8% of providers felt 100% of patients met recommendation
27% of providers felt 90-99% of patients met recommendation No response: 17%

** 48% of prenatal providers indicated that less than 90% of their patients met the ACOG recommendations.

Frequency of Follow-up Visits

The majority of responding providers said their patients are seen every four weeks up to 28 weeks, every two weeks from 28-36 weeks, and weekly from 36-42 weeks.

Eight percent of family practice physicians indicated a frequency of visits every 3 weeks from 28-36 weeks and 13% indicated a frequency of every 4 weeks during that same stage of pregnancy.

Reasons Providers Think Women Do Not Receive Recommended Number of Visits

Reason #1: Perception of importance of regular prenatal care
Reason #2: Transportation issues
Reason #3: Lack of financial resources

Most Valuable Aspects of Prenatal Care

Asset 1: Ongoing maternal and fetal risk assessment
Asset 2: Early identification of maternal health problems
Asset 3: Accurate estimation of date of delivery
Asset 4: Patient education

Oral Health Assessment of Pregnant Women

Pregnant women who have periodontal disease may be seven times more likely to have a baby that is born premature.

Prenatal providers oral health assessments included:

- Examination and determination of oral health status
- Asking the women regarding problems with teeth and gums
- Referral to dental provider if problems are noted or patient lacks a dental provider

Department of Health 2010 Initiative and Strategic Plan

The South Dakota Department of Health has established its 2010 Initiative and Strategic Plan. One of the 2010 Initiative/Strategic Plan goals:

" Improve Birth Outcomes and Health of Infants, Children and Adolescents"

Objective: Promote early and regular prenatal care for South Dakota mothers

Action Steps:

- Identify barriers to accessing early and regular prenatal care and work with health care providers to address the barriers.
- Increase public awareness of the importance of early and regular prenatal care and the impact life choices have on a healthy pregnancy and infant.
- Strengthen links between public programs serving pregnant mothers and primary care providers to improve birth outcomes.